



HEARING REQUEST FORM

**THIS FORM MUST BE RETURNED TO THE ADDRESS BELOW
WITHIN TEN (10) DAYS OF RECEIPT**

**FAILURE TO REQUEST AND ATTEND A HEARING MAY AFFECT YOUR
ABILITY TO WORK IN THE CASINO INDUSTRY**

Pennsylvania Gaming Control Board
Clerk to the Board
P.O Box 69060
Harrisburg, PA 17106-9060

RE: APPLICATION OF _____
PGCB LICENSING DOCKET NO: _____

I, _____, request a hearing in
Name (Please Print)
the above captioned matter. Hearings may be held either in person or via video
conference. I request that my hearing be held in (please check below)

- Harrisburg (in person) Pittsburgh (video) Conshohocken (video)
 Scranton (video)

I understand that it is my responsibility to notify the Office of the Clerk of any
change of address.

I have pending criminal charges and am requesting that my hearing be deferred
until the criminal charges are resolved. YES NO NOT APPLICABLE

(Signature)

Street

City State Zip

Date

Telephone number where you can be reached

Please note, location requests will be granted subject to availability.